

Department of Environmental Protection

Jeb Bush
Governor

Twin Towers Office Building
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

David B. Struhs
Secretary

August 16, 2001

Mr. Rogelio Iglesia
Imperial Cleaners II
4001 Northwest Seventh Street
Miami, Florida 33126

Re: Facility No.: 0250728-002

Dear Mr. Iglesia:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on July 11, 2001.

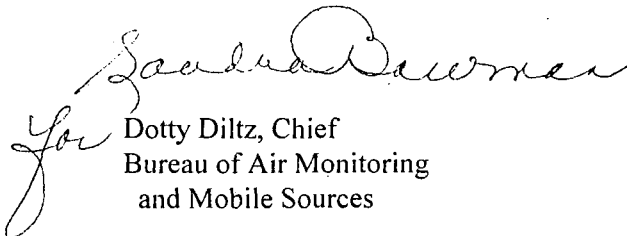
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements of the Title V general permit.

If you have or expect to have any changes in your mailing address, location address, responsible official, or phone number, please notify the Department at the following address:

Title V General Permits Office
Bureau of Air Monitoring and Mobile Sources MS 5510
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, FL 32399-2400

If there are any changes in the facility status, including change of operating parameters or equipment, or if you have any additional questions regarding the Title V General Permit Program, please contact the district or local air program compliance inspector in your area.

Sincerely,


Dotty Diltz, Chief
Bureau of Air Monitoring
and Mobile Sources

DD/jw

cc: Ms. Mallika Muthiah, Dade County

"More Protection, Less Process"

Printed on recycled paper.

Fees Paid
Compliance I/V
SOC 4

0250728-002

p 16

5. all steam and hot water generating units exempt should be marked. Mark out "X" on No such units on-site.

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JUL 11 2001

Bureau of Air Monitoring
& Mobile Sources

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

Part III. Notification of Intent to Use General Permit

Prior to filling out this form, please read the instructions provided at the end of the form. Send completed form to the address listed in the instructions and keep a copy of the form for your files.

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	R & R Cleaners, Inc. d/b/a Imperial Cleaners II		
2. Site Name (For example, plant name or number):	Not Applicable		
3. Hazardous Waste Generator Identification Number:			
4. Facility Location:			
Street Address:	4001 N.W. 7th Street		
City:	Miami, Fl.	County:	Dade
		Zip Code:	33126
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0250428-002		

Responsible Official

6. Name and Title of Responsible Official:			
Name:	Rogelio Iglesia	Title:	President
7. Responsible Official Mailing Address:			
Organization/Firm:	Imperial Cleaners II		
Street Address:	4001 N.W. 7th Street		
City:	Miami, Fl.	County:	Dade
		Zip Code:	33126
8. Responsible Official Telephone Number:			
Telephone:	(305) 643-0657	Fax:	(N/A) -

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):			
10. Facility Contact Address:			
Street Address:			
City:	County:	Zip Code:	
11. Facility Contact Telephone Number:			
Telephone:	() -	Fax:	() -

Facility Information

1.(a) DRY-TO-DRY MACHINES ONLY

How many dry-to-dry machines do you have on-site?

For each dry-to-dry machine on-site, please provide the following information:

Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
4/30/92	(Existing) (New)	(RC) (CA) (None required)	Same
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____

*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber

1.(b) TRANSFER MACHINES ONLY

How many washers do you have on-site?

How many dryers/reclaimers do you have on-site?

If the transfer machine was purchased from the manufacturer prior to or on December 9, 1991, it is an **EXISTING** unit. If the transfer machine was purchased from the manufacturer between December 9, 1991 and September 22, 1993, it is a **NEW** unit (no units purchased after September 22, 1993 are allowed to operate under this general permit). For each transfer machine on-site, please provide the following information:

Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____

*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber

2.(a) How much perchloroethylene (perc) have you used within the last 12 months?

gallons (You must fill this in)

(b) If less than 12 months, how many? months

Check why it is less than 12 months: New owner: Did not keep records:

New store: New machine

Unopened store (date of expected opening _____)

3. What is the facility's source classification based on the definitions found in section (3) of Part II? Indicate with an "X". Select one classification only.)

Small Area Source

- Dry-to-dry machines only on-site (used less than 140 gallons of perc per year)
- Transfer only on-site (used less than 200 gallons of perc per year)
- Both machine types on-site (used less than 140 gallons of perc per year)

Large Area Source

- Dry-to-dry machines only on-site (used 140 - 2,100 gallons of perc per year)
- Transfer only on-site (used 200 - 1,800 gallons of perc per year)
- Both machine types on-site (used 140 - 1,800 gallons of perc per year)

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form? (Indicate with an "X".)

Existing machines at small area source
(NONE REQUIRED)

New machines at small area source
Refrigerated condenser

Existing machines at large area source
Carbon adsorber
Refrigerated condenser

New machines at large area source
Refrigerated condenser

5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site (see attached memo for the criteria).

All steam and hot water generating units exempt OR
No such units on-site

How many boilers do you have on-site?

For each boiler, indicate its horsepower (HP) rating:

What type of fuel do you use? propane natural gas
 No. 2 fuel oil No. 4 fuel oil
 No. 6 fuel oil Other (please list) _____

6. Equipment Monitoring and Recordkeeping Information

Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:

- (a) Purchase receipts and solvent purchases/solvent addition log
- (b) Leak detection inspection and repair
- (c) Refrigerated condenser temperature monitoring
- (d) Carbon adsorber exhaust perc concentration monitoring
- (e) Startup, shutdown, malfunction plan

7. Surrender of Existing DEP Air Permit(s)

Please indicate with an "X" the appropriate selection:

- I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are _____
- No DEP air permits currently exist for the operation of the facility indicated in this notification form.

Responsible Official Certification

I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.

I will promptly notify the Department of any changes to the information contained in this notification.

Rogelio Iglesia
Print name of responsible official

Rogelio Iglesia
Signature

7/6/01
Date

(CUT HERE)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

459771 MAR 9 2006

Please include your AIRS ID# on your check or money order. This number is located on the mailing label.

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

250728 10
IMPERIAL CLEANERS II
4001 NW 7th Street
MIAMI, FL 33126

RECEIVED

MAR 09 2006

Bureau of Air Monitoring
& Mobile Sources

FLAIR ACCT. CODE 372020350013755010000
BENEFITTING OBJECT CODE 002000
BENEFITTING CATEGORY 000200

FOR GOVERNMENT USE ONLY
ORG.: 37550101000 EO: A1
FUND: 20-2-035001
OBJECT: 002273

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446105 FEB11 2005

Please include your AIRS ID# on your check or money order. This number is located on the mailing label.

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID# 250728 1stC
IMPERIAL CLEANERS II
4001 NW 7th Street
MIAMI, FL 33126

FOR GOVERNMENT USE ONLY
ORG.: 37550101000
FUND: 20-2-035001
OBJECT: 002273

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& Mobile Services
FOIA1

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Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total		

AIRS ID# 250728 1stC

Sent To: IMPERIAL CLEANERS II

Street, or PO: 4001 NW 7th Street

City, S: MIAMI, FL 33126

PS Form 3811, August 2001 See Reverse for Instructions

0989 REBE 2000 DTSD 4002
7004 2510 0002 3938 6860

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p>AIRS ID# 250728 1stC IMPERIAL CLEANERS II 4001 NW 7th Street MIAMI, FL 33126</p> </div> <p style="text-align: center;"></p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number <i>(Transfer from service label)</i></p>	<p style="font-size: 1.2em; font-weight: bold;">7004 2510 0002 3938 6860</p>

UNITED STATES POSTAL SERVICE



First-Class Mail
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USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

BUR. OF AIR MONITORING & MOBILE SOURCES
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Air Monitoring
Mobile Sources

FEB 1 1 2005

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436205 FEB11 2004

Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

TOTAL AMOUNT DUE \$500.00

Bureau of Air Monitoring
& Mobile Sources

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FEB 18 2004

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250728
ROGELIO IGLESIA
IMPERIAL CLEANERS II
4001 NW 7TH STREET
MIAMI FL 33126

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: A1
Fund: 20-2-035001
Obj.: 002273



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

422851 FEB12 2003

Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

TOTAL AMOUNT DUE: \$50.00



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AIRS ID#0250728

IMPERIAL CLEANERS II
ROGELIO IGLESIA
4001 NW 7TH STREET
MIAMI FL
33126

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Org.: 37550101000 EO: A1
Fund: 20-2-035001
Obj.: 002273

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7001 0320 0001 7975 7964

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee
 (Endorsement Required) _____
 Restricted Delivery Fee
 (Endorsement Required) _____

Postmark
 Here

Total Postage \$ _____

AIRS ID#0250728

Sent To **IMPERIAL CLEANERS II**
ROGELIO IGLESIA
 Street, Apt. No., or PO Box No. **4001 NW 7TH STREET**
 City, State, ZIP+4 **MIAMI FL 33126**

PS Form 3800, J

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

IMPERIAL CLEANERS II
 ROGELIO IGLESIA
 4001 NW 7TH STREET
 MIAMI FL
 33126

AIRS ID#0250728

2. Article Number

(Transfer from service label)

7001 0320 0001 7975 7964

COMPLETE THIS SECTION ON DELIVERY

A. Signature

[Handwritten Signature]

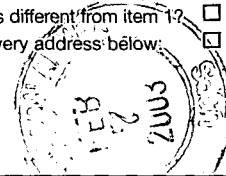
Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No



3. Service Type

Certified Mail

Express Mail

Registered

Return Receipt for Merchandise

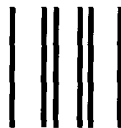
Insured Mail

C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

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BUR. OF AIR MONITORING & MOBILE SOURCES
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
& Mobile Sources

FEB 12 2003

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412609 JAN 4 2002 ✕

Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

AIRS ID # 0250728
IMPERIAL CLEANERS II
ROGELIO IGLESIA
4001 NW 7TH STREET
MIAMI FL
33126

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: A1
Fund: 20-2-035001
Obj.: 002273

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OFFICIAL USE


Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

Postmark
here

7003 2260 0003 5651 1595

ID# 250728
 ROGELIO IGLESIA
 IMPERIAL CLEANERS II
 4001 NW 7TH STREET
 MIAMI, FL 33126

PS Form 3811, June 2001 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>R. Iglesias</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> ID# 250728 ROGELIO IGLESIA IMPERIAL CLEANERS II 4001 NW 7TH STREET MIAMI, FL 33126 </div>	<div style="text-align: center; margin-top: 20px;">  </div>
<p>2. Article Number (Transfer from service label)</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>7003 2260 0003 5651 1595</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540</p>	

UNITED STATES POSTAL SERVICE



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Postage & Fees Paid
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Permit No. G-10

Bureau of Air Monitoring
& Mobile Sources

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TALLAHASSEE, FLORIDA 32399-2400

